

# Table of Contents

## Chapter Three

- Children are Different

# Level of Care Criteria

There are three criteria:



functional capacity,



medical or nursing needs



risk of nursing facility  
placement

All three criteria must be met to meet LOC (applies to children as well as adults)

# Functional Capacity

There are three different ways to meet the criteria for ADL dependencies ....

**This applies to  
children just as  
adults**



functional capacity,

the ability of the

individual to perform activities of daily living (ADLs);

- 1 Dependent in 2-4 ADLs, plus semi-dependent or dependent in behavior and orientation, plus semi-dependent in joint motion or dependent in medication administration, **OR**
- 2 Dependent in 5-7 ADLs plus dependent in mobility, **OR**
- 3 Semi-Dependent in 2-7 ADLs, plus dependent in mobility, plus dependent in behavior and orientation.

An individual must meet **one** of the ADL descriptions

# So What is different about Children?



Adults, were it not for a medical/physical/emotional condition or limitation, would be expected to be independent in performing ADLs.

Children, must be considered by age and what is developmentally appropriate behavior for that age when determining independence in performing ADLs.

# So What is different about Children?

## Functional Capacity:

The degree of independence that, depending on age, **a child or a child and caregiver as a unit**, have in performing ADLs, ambulation, and IADLs.



# So What is different about Children?

LOC assessors should code at the highest level that accurately indicates the child's needs. For younger age groups, accurately assessing needs may involve looking at the child and a caregiver as a unit.

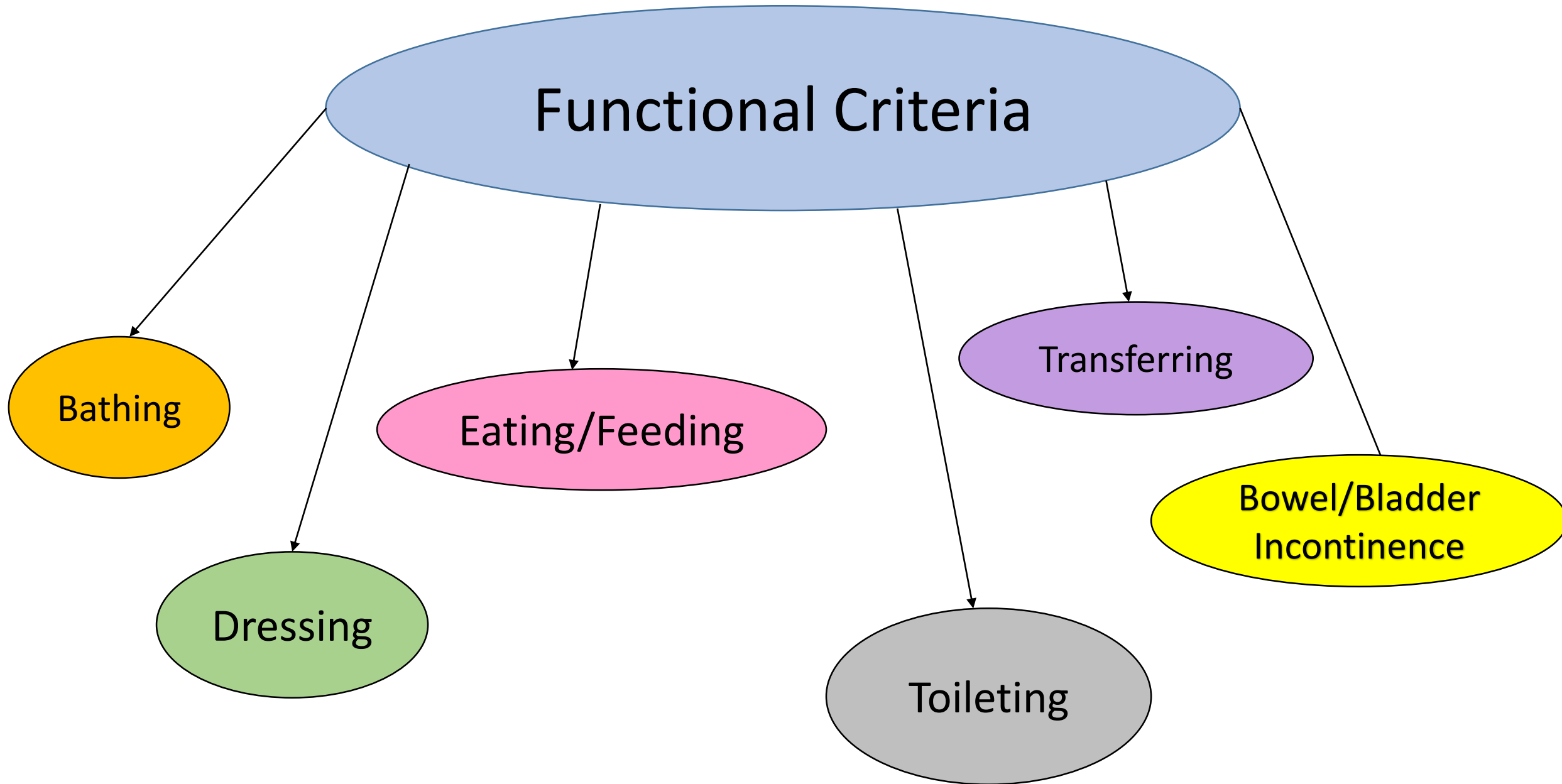


# Assessing Children

The following information is provided to assist with the assessment of children.

Please refer to the Screening Provider Manual for Long Term Services and Supports (LTSS) Chapter IV, update 6/2/2017 for additional definitions and detailed information regarding assessments of children. Check for updates frequently.





# Bathing (Children)



Includes getting in and out of tub, preparing bath, washing oneself and towel drying.

Refers to method used most or all of the time to bathe the entire body.

Considerations for Children, as age appropriate: safety concerns, seizure activity; balance; head positioning; awareness of water depth, temperature, or surroundings (i.e. location of faucet); or other complex medical needs/equipment.

# Dressing (Children)



Process of getting clothes out of closet or dresser, putting them on, fastening, and taking them off. Includes clothes, braces, and artificial limbs worn daily.

Considerations for Children, as age appropriate: seizure activity or complex medical conditions, balance, awareness of surroundings, proneness to skin irritations, fine motor ability, etc.

Make a recommendation if adapted clothing would assist with independence, such as: Velcro closures, pull-on pants or zipper pulls.



# Eating/Feeding (Children)



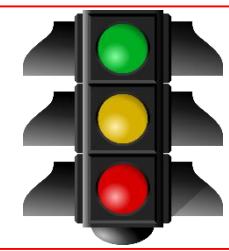
Process of getting food/fluid by any means into the body once it is placed in front of the child. Includes cutting food, moving food from plate to mouth, opening a carton and pouring liquid and holding a glass to drink.



Considerations for Children, as age appropriate: seizure activity, ability to regulate intake, chewing, swallowing, use of utensils, eating disorders, allergies, tube feedings, IV Nutrition, or other complex medical conditions, etc.

# Activities of Daily Living - For Children

## (Bathing, Dressing, Eating/Feeding)



Information in chart derived from Screening manual 2017	< 12 months old Expected to be dependent on another person	1 – 4 years old Participates –needs supervision/assistance	5 – 18 years old Expected to be Independent
Does Not Need Help (I)	<b>Child/Caregiver unit</b> can achieve task; no complex medical/equipment needs	<b>Child/Caregiver unit</b> can achieve task; no complex medical/equipment needs	<b>Child</b> can perform essential components safely and without assistance
Mechanical Help (d)	<b>Child/caregiver unit</b> or <b>age appropriate child</b> require equipment/assistive devices to perform task (i.e. tub chair, lift, zipper pulls, feeding pumps )		
Human Help-Supervise (D) Human Help – Physical Asst (D)	Supervise – Verbal cues/Prompting      Physical Assist – Hands on set-up/assistance Consider for child with complex medical needs, or child 5-18 yrs. who cannot safely perform task without assistance		
MH & HH (D)	Requires equipment/device and assistance of others to perform task Consider for child with complex medical needs/equipment or child 5-18 who cannot achieve task independently		
Performed by Others (D)	Task is completely performed by other and child does not take part Consider for child with complex medical needs/equipment or child 1-18 who cannot participate in performing task		

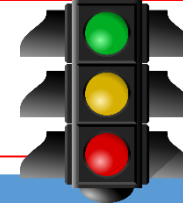
# Toileting (Children)



Ability to get to and from bathroom, on/off toilet, clean oneself, manage clothes and flush. Alternative “toileting” devices (i.e. urinal, bedpan, beside commode) may be considered if emptying, cleaning and replacing receptacle can be done without assistance.

Considerations for Children, as age appropriate: frequent infections, hygiene needs, utilizing incontinence supplies, etc. Can child use bathroom, clean self, and arrange clothes without assistance.

# Activities of Daily Living - For Children (Toileting)



Information in chart derived from Screening manual 2017	Birth to 3 years old Expected to be dependent on another person	4-5 years old Participates –needs supervision/assistance	6 – 18 years old Expected to be Independent
Does Not Need Help (I)	<b>Child/Caregiver unit</b> can achieve task; no complex medical/equipment needs	<b>Child/Caregiver unit</b> can achieve task; no complex medical/equipment needs	<b>Child</b> can perform task safely and w/out assistance-6 year old may need assistance wiping
Mechanical Help (d)	<b>Child/caregiver unit</b> or <b>age appropriate child</b> require equipment/assistive devices to perform task (i.e. raised seat, transfer board, bedpan, wheelchair)		
Human Help-Supervise (D) Human Help – Physical Asst (D)	Supervise – Verbal cues/Prompting      Physical Assist – Hands on set-up/assistance Consider for child 6 - 18 yrs. who cannot independently perform all essential components of toileting safely OR all ages with complex medical needs		
MH & HH (D)	Requires equipment/device and assistance of others to perform task Consider for child 6-18 yrs. who cannot achieve task independently OR all ages with complex medical/equipment needs		
Performed by Others (D)	Task is completely performed by others and child does not take part Consider for any child with complex medical needs/equipment		
Is Not Performed (D)	Use if child is over 5 years old and does not use the bathroom or perform any of the essential elements of toileting		

# Transferring (Children)

Movement between the bed, chair, and/or wheelchair. If a child needs help with some transfers and not others, code assistance at the highest level.

Considerations for Children, as age appropriate: safety, ability of child to move between the bed, chair, and wheelchair.



# Activities of Daily Living - For Children (Transferring)



Information in chart derived from Screening manual 2017	Birth to 5 years old Expected to be dependent on others	6-18 years old Expected to be Independent
Does Not Need Help (I)	<b>Child/Caregiver unit</b> can achieve task; no complex medical/equipment needs	<b>Child</b> can perform task safely and w/out assistance
Mechanical Help (d)	<b>Child/caregiver unit or age appropriate child</b> requires equipment/assistive devices (i.e. lifts, trapezes, railings, walkers)to perform transfer <i>and</i> child uses devices without assistance	
Human Help-Supervise(D) Human Help – Physical Asst (D)	Supervise – Verbal cues/Prompting      Physical Assist – Hands on set-up/assistance Consider for child 6 - 18 yrs. who cannot independently perform transferring safely and requires prompting or human assistance-may have complex medical needs	
MH & HH (D)	Requires equipment/device and assistance of others to perform task Consider for child 6-18 yrs. who require both equipment and prompting/human assistance to achieve transfer – any child with complex medical needs/equipment	
Performed by Others (D)	Lifting/transferring is completely performed by others or a mechanical lift and child does not bear weight on any body part	
Is Not Performed (D)	Use if child is confined to bed	

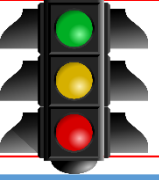
# Bowel Continence (Children)



Ability to control bowel elimination. Incontinence may have several causes i.e. disease process, medication side effects, spinal cord injury, etc.

Considerations for Children, as age appropriate: how often do they have accidents, can they make it to the bathroom in time, can they safely use toileting devices, does the child still use diapers, etc.

# Activities of Daily Living - For Children (Bowel)



Information in chart derived from Screening manual 2017	Birth to 3 years old Expected to be dependent for diapering and toileting	4-5 years old Expected to need help with toileting –occasional accidents not incontinence	6 – 18 years old Expected to be able to voluntarily control bowels
Does Not Need Help (I)	<b>Child</b> can have a bowel movement without medical/mechanical intervention	<b>Child</b> can have a bowel movement w/out medical or mechanical intervention	<b>Child</b> can have a bowel movement without use of medical or mechanical intervention
Incontinent Less the Weekly (i.e. every other week) (d)	Consider 6-18 year olds who cannot maintain continence of bowel without medical or mechanical interventions		
Ostomy – Self Care (d) (completely self cares for all aspects of ostomy)	Use if child can complete all components of ostomy care independently		
Incontinent Weekly or More (D)	Consider 6-18 year olds who cannot maintain continence of bowel and have involuntary elimination at least once a week		
Ostomy – Not Self Care (D) (another person must care for all aspects of ostomy)	Use if child cannot complete all components of ostomy care independently		

# Bladder Continence (Children)

Ability to control urination (bladder). Incontinence may have several causes i.e. disease process, medication side effects, spinal cord injury, etc.

Considerations for Children, as age appropriate: how often do they have accidents, can they make it to the bathroom in time, can they safely use toileting devices, does the child still use diapers, infection, etc.



# Activities of Daily Living - For Children (Bladder)



Information in chart derived from Screening manual 2017	Birth to 3 years old Expected to be dependent for diapering and toileting	4-5 years old Expected to need help with toileting –occasional accidents not incontinence	6 – 18 years old Expected to be able to voluntarily control bladder
<b>Does Not Need Help (I)</b> <ul style="list-style-type: none"> <li>Dialysis child w/no urine output</li> <li>Children who perform Crede method for themselves</li> </ul>	<b>Child</b> can voluntarily empty bladder and has no complex medical needs or devices	<b>Child</b> can voluntarily empty bladder and has no complex medical needs or devices	<b>Child</b> can voluntarily empty bladder and has no complex medical needs or devices
Incontinent Less the Weekly (i.e. every other week) (d)	Consider 6-18 year olds who cannot maintain continence of bladder or all ages with complex medical needs		
Ostomy, external devices, Indwelling catheter – Self Care (d) (Child cares for independently)	Use if the child can complete all components of care for the device and skin surrounding ostomy independently		
Incontinent Weekly or More (D)	Consider 1-5 yr. olds only if they have a complex medical conditions as well as 6-18 year olds who cannot maintain continence of bladder		

# Activities of Daily Living - For Children (Bladder)

Information in chart derived from Screening manual 2017	Birth to 3 years old Expected to be dependent for diapering and toileting	4-5 years old Expected to need help with toileting –occasional accidents not incontinence	6 – 18 years old Expected to be able to voluntarily control bladder
External Device – Not Self- Care (D)	Use for child with an external device (i.e. urosheath or condom catheter) and a collection device who requires another person to provide some or all care for the device		
Indwelling Catheter – Not Self-Care (D)	Use for child with indwelling catheters who cannot complete all components of care independently. Also for children who self catheterize but need help with setup/cleanup		
Ostomy – Not Self Care (D) (another person must care for ostomy)	Use if child cannot complete all components of ostomy care independently		

# Mobility, Joint Motion, Medication Administration, Behavior/Orientation



# Mobility (Children)

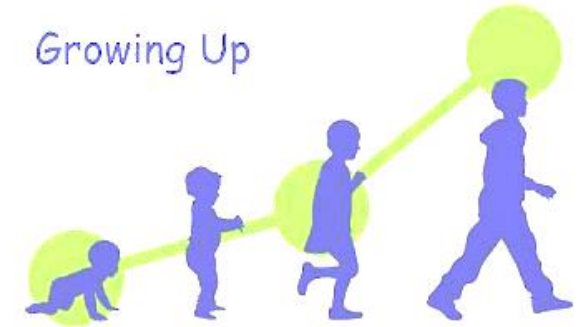


The extent of the child's movement outside of their usual living quarters. Evaluate the child's ability to walk steadily and their level of endurance.

Considerations for Children, as age appropriate include: ability to safely maneuver (ambulate) without assistance, creep up stairs, kneel without support, assume standing position; frequent falls; balance; and/or visual concerns.



# Mobility (Children)



**Does Not Need Help:** Children typically go outside of their residence routinely.

- **0-6 months** – Child and caregiver as a unit can achieve mobility and there are no complex medical needs/equipment
- **7-12 months** - Dependent on another for mobility, child is achieving developmental milestones i.e. sitting, rolling, crawling and creeping, requires supervision for safety, no complex medical needs/equipment
- **13-18 months** - Dependent on another for mobility, child is achieving developmental milestones i.e. sitting, crawling, pulling to stand, walking, requires supervision/assistance for safety, no complex medical needs/equipment
- **19-24 months** – Dependent on another for mobility, achieving milestones i.e. walking well, climbing stairs, requires supervision/assistance for safety, has no complex medical needs or equipment requirements
- **25 months – 4 years** – Child is achieving milestones i.e. walking well, running, jumping, requires supervision/assistance for safety, has no complex medical/equipment needs
- **5-18 year olds** – Expected to be able to physically perform all components of mobility, safely and independently

# Mobility (Children)

**Mechanical Help Only:** Child can use equipment or device (i.e. splints, braces, crutches, walkers, ramps) independently to go outside

**Human Help Only:** Includes Supervision (Verbal Cues/Prompting) and Physical Assistance (Set-up/Hands on Care)

- Birth to 4 years – Expected to be dependent in Mobility, use this category if child has complex medical needs, equipment, or has not met age appropriate developmental milestones
- 5-18 years – Use if child has medical/equipment needs and has not been able to reach age appropriate development milestones

# Mobility (Children)



**Mechanical and Human Help:** Needs equipment or a device and the assistance or others to go outside

- Birth to 4 years – Expected to be dependent in Mobility, use this category if child has complex medical needs, equipment, or has not met age appropriate developmental milestones
- 5-18 years – Use if child has medical/equipment needs and has not been able to achieve independent mobility

# Mobility (Children)



**Confined – Moves About:** Child doesn't go outside of home, but does go outside of their room

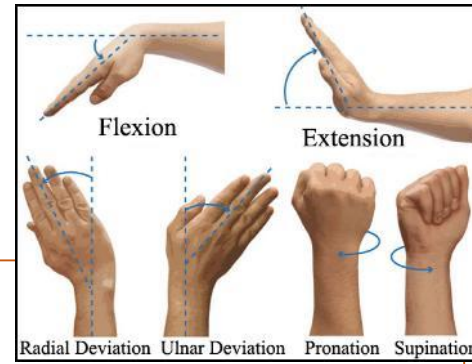
- Refers to child confined to home because of complex medical needs or equipment.

**Confined – Does Not Move About:** Child does not go outside of their room

- Refers to child confined to bed due to complex medical needs or equipment



# Joint Motion (Children)



**Joint Motion:** The child's ability to move his or her fingers, arms, and legs (active range of movement or ROM) or, if applicable, the ability of someone else to move the child's fingers, arms and legs (passive ROM)

**Within normal limits/instability corrected (I):** Joints can achieve to functional motion w/out restriction **OR** joint does not maintain functional motion/position when pressure applied but has been corrected by use of an appliance or surgery

**Limited motion (d):** Partial restriction in the movement of a joint, includes inflammatory processes that cause redness/pain/swelling that limit joint motion

**Instability uncorrected/immobile (D):** a joint that does not maintain functional motion with pressure applied and has not been corrected either by surgery or an appliance **OR** total restriction in the movement of a joint (i.e. contractures)

# Medication Administration (Children)



Refers to the person who administers medications i.e. the child and caregiver as a unit, the child (if age appropriate), or another person

**Without Assistance/No Medications:** Child/caregiver unit or child independently administers their own medication or child does not take medicine

**Administered/Monitored by Lay Person:** Child/caregiver unit or child themselves needs additional assistance of a person without training to give or monitor medications. If given by lay and professional staff, score at higher level.

**Administered/Monitored by Professional Nursing Staff:** Childs needs licensed/professional health personnel to give and monitor some or all of medications.

# Behavior and Orientation (Children)

**Behavior Pattern:** The manner of conducting oneself within one's environment

**Orientation:** The awareness of an individual within his or her environment in relation to time, place, and person.

Considerations for Children, as age appropriate:

- Assistance to engage in safe actions/interactions
- Refrain from unsafe actions/interactions
- Reported neurological impairment



# Behavior and Orientation (Children)

- Exhibits disruptive or dangerous behavior (i.e. wandering, verbal/physical abuse to self or others, removing/destroying property, acting in a sexual aggressive manner)
- Hyper/hypo sensitivity to external stimuli
- Constant vocalizations
- Impaired safety skills
- Engages in smearing behavior
- Sleep deprivation
- Reported cognitive impairment
- Lack or awareness



# Behavior and Orientation (Children)

- Unable to respond to cues
- Unable to communicate basic needs/wants
- Disorientation/disassociation
- Unable to follow directions
- Unable to process information or social cues
- Unable to recall personal information

If the child exhibits any of these, as age appropriate, score per guidelines in Screening Manual, Chapter IV.

# Medical Nursing Needs



# Medical Nursing Needs (Children)

A child whose health needs require medical or nursing supervision or care above the level which could be provided through assistance with ADLs, Medication Administration, and general supervision and is not primarily for the care and treatment of mental diseases.



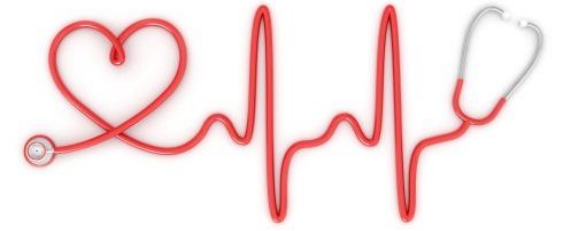
# Medical Nursing Needs (Children)



Medical/Nursing needs are met when:

- Medical condition requires observation/assessment for modification of treatment or additional medical procedures to prevent destabilization and the child, as age appropriate, has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals; OR

# Medical Nursing Needs (Children)



- Due to complexity of the child's medical conditions, the potential for medical instability is high or already exists; **OR**
- The child requires at least one ongoing medical or nursing service (ongoing means continuing, not temporary with daily direct care and/or supervision by a licensed nurse).

**\* Refer to Screening Manual, Chapter IV for a list of Medical/Nursing Needs**

# Scenario 8 year old

- Chris is an 8 year old little boy with the following diagnoses, Autism, Downs Syndrome, Asthma and seasonal Allergies
- He is on the following medications: Concerta, Singulair, Albuterol prn, Flovent QHS, Zyrtec
- He lives in a tri-level home with his father, who works long hours, and his grandparents who assist with his care. You noted during the most recent assessment that the grandmother's hearing appears to be getting worse and she has difficulty understanding ; in addition, his shirt is not buttoned correctly and his shoes are untied.
- Chris attends school daily in a self-contained special needs classroom with 4 other children

# Scenario 8 year old

The parent states the following:

- (on several occasions) when he arrived to pick up his son from school he noted his son's pants were wet and smelled of urine (the teacher said it appears as though he does not make it to the bathroom in time); however, he is taken to the bathroom several times a day.
- Chris needs assistance with eating- although he can feed himself, he puts too much food in his mouth and has difficulty swallowing, he chokes easily and had one recent incident of choking where he was seen in the emergency room and dx. with aspiration pneumonia and hospitalized for three days.
- He does not respond when you say his name and his parent has noted recently that he has become more disruptive at home and in the classroom.
- Parent reports that Chris walks okay; however, he does have a congenital defect in his left knee that occasionally causes swelling in the joint.

# Scenario 8 year old

- Chris is an 8 year old little boy with the diagnosis of Autism, Downs Syndrome, Asthma and seasonal Allergies
- He is on the following medications:  
Concerta, Singular, Albuterol prn, Flovent QHS, Zyrtec
- Chris lives in a tri-level home with his father who works long hours and his grandparents who assist with his care. You noted during the most recent assessment the grandmother's hearing appears to be getting worse and she has difficulty understanding; in addition, his shirt is not buttoned correctly and his shoes are untied

Is his Autism mild, moderate or severe-i.e. are they non-verbal or verbal, eye contact-functional re: Downs syndrome

Is the caregiver compliant with medications, does he use a spacer for his inhaled medications

Needs assistance with dressing, at risk of falling- any safety issues with the elderly grandparents

# Scenario 8 year old

- Chris attends school daily in a self-contained special needs classroom with 4 other children
- The parent states recently (on several occasions) when he arrived to pick up his son from school they noted his pants were wet and smelled of urine (the teacher said it appears as though Chris does not make it to the bathroom in time); however, he is taken to the bathroom several times throughout the day.

Imp info - this should tell them he has moderate to severe Autism (not mild) and needs assistance with most ADL's

Key here- is he incontinent or forgets to ask to go to the bathroom- risk of infection, psy. effect from his peers

# Scenario 8 year old

- The parent states that he needs assistance with eating- although he can feed himself, he puts too much food in his mouth and has difficulty swallowing, he chokes easily and one recent incident of choking where he was seen in the emergency room and dx. with aspiration pneumonia and hospitalized for three days.
- The parent states recently they have noted that Chris does not respond when you say his name and that he has become more disruptive at home and in the classroom.
- Chris's parent reports he walks okay; however, he does have a congenital defect in his Left knee that occasionally causes swelling in the joint.

Red flag- choking can be a life threatening event & aspiration pneumonia is very serious-

This speaks to orientation and behavior is something else going on

Joint motion also issues with mobility

# Question #1

- Conducting a child's LOC assessment is exactly the same as conducting one for an Adult?

True



False



## Question #2

- Children over 6 years of age are always expected to be independent in ADLs?

True



False



(Not if the child has complex medical needs)

# Question #3

- When looking at an individual with Autism, is carefully examining Orientation and Behavior important?



Yes



No

